

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
191704458
APPLICANT(S)

FILING DATE
11-1-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	/					
2		/				
3		/				
4		/				
5		/				
6		/				
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13		/				
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41		/				
42		/				
43		/				
(44)	/	/				
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	5					
TOTAL DEP.	55					
TOTAL CLAIMS	60					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55	/	/				
56		/				
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T. TAL DEP.						
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